

Statement of

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Before the

**Senate Special Committee on Aging
Forum on Keeping America's Seniors Moving: Examining
Ways to Improve Senior Transportation**

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Good afternoon, Chairman Craig, Ranking Member Breaux, and members of the Senate Special Committee on Aging. My name is Sandra Markwood. I am the Chief Executive Officer of the National Association of Area Agencies on Aging (n4a).

n4a represents our nation's 655 Area Agencies on Aging (AAAs) and is the representative body in Washington, D.C., for the interests of 243 Title VI Native American aging programs. n4a advocates on behalf of its member agencies for enhanced services and resources for older adults and persons with disabilities in local communities. Recognizing that independence, dignity and choice are strongly held values by all Americans, n4a has long promoted the development of a service system that provides consumers access to the most appropriate services in the least restrictive environment. I appreciate the opportunity to express our views on the critical issue of providing older adults with transportation that meets their needs.

The Transportation Equity Act for the 21st Century (TEA-21), the major funding authorization bill for federal surface transportation programs, is set to expire on September 30, 2003, and will need to be reauthorized this year. The reauthorization of TEA-21 presents an opportunity for federal policymakers to improve the availability and accessibility of transportation services to our nation's growing older adult population.

Demographics of the Older Adult Population

It is well known that the United States is an aging society, however, many people are not fully aware of the extent that the older population is expected to increase in the years ahead. It is projected that the 65 years and older population, which numbered 35 million in 2000, will more than double in size to about 70 million, or 20 percent of the total U.S. population, as the baby boomers reach age 65 from 2010 to 2030. By 2030, one out of every five people in the U.S. will be age 65 and older. Persons 85 and older are currently the fastest growing segment of the population increasing at a rate four times faster than any other age group.

Transportation is a Vital Link between Home and Community

Transportation is a vital link between the home and community. It connects individuals of all ages to the places where they can fulfill their most basic needs – the grocery store for food, the worksite for employment, friends’ homes and recreational sites for social interaction, and houses of worship for spiritual sustenance. However, as individuals age and lose the ability to drive, they can experience a drastic decline in their mobility. This is particularly true in suburban and rural areas, home to nearly 80 percent of the older adult population, where public transit is more limited and taxi rides can be cost prohibitive. Transportation limitations resulting in lost mobility increase older adults’ risk of poor health, as their ability to obtain the goods and services necessary to good health and welfare is reduced. In addition, mobility barriers stifle independence and result in a loss of self-sufficiency that can fuel depression.

Older Adults who drive their own car experience few transportation problems, however, the picture is vastly different for non-drivers. According to AARP’s Understanding Senior Transportation: Report and Analysis of a Survey of Consumers Age 50+ (2002), driver cessation causes a significant drop-off in community travel as non-drivers age 75 and older are 12 times as likely as drivers not to leave home at all in a typical week. The survey found that over half of people age 75 and older take fewer than five trips per week, compared to one-third of those 50 to 74. The likelihood of isolation grows as people reach their mid-80s with the percentage of those 85 and older who do not leave their homes at all being three times greater than in the 80 to 84 age group.

Place More Emphasis on Older Driver Safety and Supportive Services

Older adults, like younger people, depend on the automobile for the majority of their transportation needs. However, as older adults’ age, numerous factors such as vision problems, cognitive limitations, side effects of medications, slower reaction times, and muscular difficulties will affect their driving ability. The increasing numbers of older drivers using the nation’s highways in the decades ahead will pose challenges for older adults, their caregivers, aging service providers and communities at large. Policy makers, at the federal, state and local level need to address older driver safety by developing and

promoting education and awareness policies that will help older adults sustain their independence by enabling them to drive as late in life as possible. More emphasis must be placed on developing older driver safety programs including referral, assessment, rehabilitative, and regulation programs to enable functionally limited older adults to drive safely. Area Agencies on Aging, which were established by the Older Americans Act over 25 years ago to address the needs and concerns of older Americans at the regional and local level, are uniquely positioned to provide information and training on driver safety to older adults and their caregivers. We stand ready to work with policymakers to achieve a balance between continued independent mobility and the safety of our older adult population. For those older adults where driving is no longer a safe means of transportation, there needs to be greater outreach efforts to educate them about the public transit options available in their communities.

Use of Public Transportation by Older Adult Non-Drivers

Those who stop driving usually rely on family and friends, but their mobility is dependent on the schedule and convenience of others. For these older adults, it is essential that other alternative modes of transportation are available once driving is no longer an option. According to the Bureau of Transportation Statistics Omnibus Survey in May 2002, 11 percent of all persons age 65 and older reported using public transportation the previous month. However, AARP's study in 2002 found that 14 percent of non-drivers age 75 and older identified public transportation as their primary mode, and nearly 20 percent report using public transportation on a monthly basis. As community transportation options are made more available and accessible, people stay healthier longer, and the population burgeons, the use of public transportation by older adults will only increase in the future.

A Patchwork of Alternative Transportation Programs are Offered

With the passage of the Americans with Disabilities Act (ADA) in 1990 and the increased investment in transit programs under TEA-21, the availability of programs for older adults and people with disabilities throughout the country has improved over the last several years. Under the ADA, public transportation must ensure that its fixed-route

services are accessible to people with disabilities and provide parallel transportation, or paratransit, for people whose disability prevents them from utilizing fixed-route transit services. However, nearly one out of three individuals 65 and older with a disability report that inadequate transportation is a problem. In many areas the availability of paratransit demand-responsive curb-to-curb services to older adults has been declining as operators adhere more tightly to ADA criteria in the face of financial constraints.

Transportation services consistently rank among the top needs indicated by older adults. In fact, transportation ranks among the top reasons individuals' call the Eldercare Locator, a nationwide directory assistance service administered by n4a that helps older adults and their caregivers locate support services in their communities. In an effort to close the gap in services, most Area Agencies on Aging provide supplemental transportation services to older adults in their areas, either directly, or through the use of contracted direct service providers. AAAs utilize a variety of funding sources, but most commonly use Older Americans Act Title III-B Supportive Services funds to purchase services. In many cases, they contract with local transit authorities and non-profit providers to provide shared rides and medical trips. AAAs also heavily utilize volunteers and taxi voucher programs to augment their transportation services. However, due to funding constraints, many AAAs must give priority to the most essential transportation to and from doctor appointments, dialysis, and trips to the grocery and pharmacy.

For example, the Northeast Florida Area Agency on Aging in Jacksonville, which covers seven counties, purchased over 250,000 trips for over 2,060 older adults using Older Americans Act Title III-B funds from January to December 2002. Three of the agency's seven counties offer no public transportation, and all seven have some rural areas where no public transportation services are available. Older adults must request rides 24-hours in advance from the providers, and while the providers do not keep a waiting list the agency estimates that for every older adult served, one has to wait for service.

On the federal level, the major program funding transportation for older adults is the Federal Transit Administration's (FTA) Program for the Elderly and People with

Disabilities, known as the Section 5310 program. The Section 5310 program provides formula based funding to states for the purpose of assisting private non-profit and some public entities in meeting the transportation needs of older adults and persons with disabilities. However, these funds may be only used for capital expenditures, such as purchasing vehicles, and not for operating expenses, such as the provision of transportation services. Both AAAs and the local transit authorities and non-profit direct providers they contract with benefit from Section 5310 formula grant funds. For example, each of the seven providers contracted by the Northeast Florida AAA take advantage of Section 5310 program funds.

States and Area Agencies on Aging have also developed many innovative cost-sharing partnerships to fund transportation programs for older adults. Pennsylvania has a coordinated transportation program for persons 65 and older funded by state lottery proceeds. The Schuylhill County Office of Senior Services operates door-to-door services for medical appointments funded through a cost-sharing approach with state lottery funds covering 85 percent, the AAA picking up 10 percent, and the participant responsible for a 5 percent co-payment. For individuals age 65 and older that are below the poverty line the agency picks up the costs if the person is going to a dialysis or medical appointment, or day care. In fiscal year 2002-2003 the agency purchased over 69,000 one-way trips at a cost of \$105,340. However, the Schuylhill County AAA estimates in the upcoming fiscal year that its costs will go up \$40,000 to provide the same amount of trips, which will require them to implement a price increase on consumers in order to maintain services.

Greater Coordination of Transportation Programs is Needed

Due to the varied patchwork of federal, state, and local human service programs that offer transportation, n4a has called for increased coordination to better manage resources across agencies and population groups. The General Accounting Office (GAO) recently issued a report in which it found 62 federal programs that currently fund a variety of transportation services for disadvantaged populations. As cited in the GAO report and other research, coordination of transportation programs can provide significant economic

benefits and improvements in service delivery. The Transit Cooperative Research Program has estimated that implementing successful coordination programs, such as sharing vehicles, consolidating service providers, and sharing information could generate a combined economic impact of about \$700 million per year to human service and transit agencies in the United States.

The state of Georgia offers a model of the potential benefits that can be derived from greater coordination. Georgia has recognized the importance of coordinating transportation by developing a statewide program tailored to human service transportation needs. The coordinated program was developed by the Georgia Department of Human Resources (DHR) to meet the specialized transportation needs of its clients who are elderly, mentally or physically disabled or low-income. The program, which began in 1995 with five pilot projects with a total budget \$300,000, has grown to provide services in all of Georgia's 159 counties. As of July 1, 2003, transportation services are provided to clients served by the Divisions of Aging Services, Mental Health, Developmental Disabilities, Addictive Diseases and Family and Children Services. The program is administered through DHR and actual services are provided through contracted providers in each of the state's thirteen regions. A Regional Transportation Coordinator serves as the transportation planner, and each program division determines eligibility for service. While Georgia's coordinated transportation system is still in its developmental phase as it continues to modify and grow, the benefits to transportation disadvantaged populations so far have been significant. In fiscal year 2002, the coordinated system produced 2,473,273 trips at a cost of \$23,745,759 (a per trip cost of \$9.60).

n4a urges Congress to foster a coordinated approach to human service transportation, by providing additional funding to support the planning of coordinated transportation services, reducing regulatory burdens, and providing incentives for federal grantees to work cooperatively with other providers in their communities.

Congress should also consider allowing Medicare funding to be used for non-emergency, but medically necessary, transportation. Currently, Medicare is supposed to only pay for transportation in the case of a health emergency and will only reimburse for transportation in an ambulance. With Medicare ambulance transportation costs now in excess of \$2.5 billion annually, the lack of access to non-emergency medical transportation has caused transportation costs under Medicare to skyrocket. In July 2000, the GAO issued a report, which found that more than 50 percent of rural Medicare ambulance trips in the states studied were actually of a non-emergency nature. Allowing non-emergency medical transportation under Medicare through less expensive forms of transportation, such as by car, taxi, or van service, would create substantial cost savings that could be invested in other medical or transportation services. According to an article published in Community Transportation Magazine (Burkhardt and McGavock, 2002), based on either the GAO's estimate of 50 percent, or even a more conservative figure of 10 percent, the potential cost savings from this change in policy range from \$250 million to \$1.25 billion a year.

n4a is encouraged by the Administration's proposal to include a new requirement for projects funded by the FTA's Job Access and Reverse Commute Program, the Section 5311 Non-urbanized formula grant program and Section 5310 formula grant program for the Elderly and People with Disabilities, to be coordinated through local transit plans that involve participation by human services agencies and the public. n4a hopes that this proposal will lead the way to greater coordination between the transportation components of other programs focusing on older adults, including the Older Americans Act, Medicaid, and the Section 202 Supportive Housing for the Elderly program as well as other local highway and public transit development projects carried out by states and Metropolitan Planning Organizations (MPOs).

Increase Resources and the Flexibility of FTA's Section 5310 Program

n4a supports increased funding for the Section 5310 Elderly and Disabled program. Current funding levels for the Section 5310 program have not kept pace with the growth

in the older population and resulting increased demands for public transportation. The Administration's proposed budget would reduce the Section 5310 program's level of funding in fiscal year 2004 from \$90 million in fiscal year 2003 to \$87 million. Over the Administration's six-year reauthorization proposal called the Safe, Accountable, Flexible and Efficient Transportation Equity Act of 2003, or SAFETEA, the Section 5310 program would receive just a \$10 million increase to \$97 million in fiscal year 2009.

According to information gathered by the Community Transit Association of America (CTAA), the expected demand in fiscal year 2004 for equipment and services from the FTA's Section 5310 program is \$400 million. This includes \$50 million for replacement vehicles; \$150 million for new vehicles to be used for expanded capacity and new service; \$65 million for purchase-of-service contracts, and at least \$135 million for operating expenses. In addition, total national estimates of unmet or uncompensated transportation needs for seniors exceed \$1 billion per year, a projection that includes funds devoted to transportation planning and demonstration projects, various door-to-door transit expansions and voucher programs, and transportation provided by family caregivers.

To help meet these great demands, n4a supports an increase in the authorization and appropriation levels of the Section 5310 program to no less than \$350 million per year. n4a also supports policy changes to increase both the flexibility and consistency of the Section 5310 program with other grant programs under FTA. Many AAAs and local providers are having difficulty meeting the increased costs of operating their programs due to vehicle maintenance, rising insurance premiums, and training drivers and volunteers to deal with frail older adults. n4a supports changing the matching requirements of the Section 5310 program to allow non-FTA matching funds to come from any source, including other federal programs, and expanding the use of Section 5310 funds to include operating expenses. Both these policy changes would be comparable to the existing funding structure for the Section 5311 Non-urbanized formula grant program.

Address the Needs of Older Adults in the Transportation Planning Process

Currently, older adults and persons with disabilities do not have an effective means to address their needs during the transportation planning and decision-making process. MPOs need to better assess the impact of new projects on older adults by considering how they will access new services and routes. To give older adults more of a voice in their transportation systems, States should be required to appoint representatives of the older adult and disability communities as full voting members of state transportation planning commissions and MPO boards. In addition, n4a supports the inclusion of Area Agencies on Aging and Title VI Native American aging program representatives in the planning process for projects in their service areas. Giving AAAs and their older adult clients a consistent voice in the local decision-making process will also help develop the necessary linkages for more coordinated human service transportation.

Improve Information Sharing on Innovative Community Programs

Many AAAs and non-profit providers have developed innovative programs to meet the needs of the older adults in their communities. While national groups, such as the Beverly Foundation, Easter Seals Project Action and CTAA, have compiled best practices and provide technical assistance in developing transportation solutions, there currently is not a centralized resource for community providers to turn to for comprehensive information. n4a supports setting aside demonstration project funding within FTA to help establish innovative programs targeted to the needs of older adults that utilize creative partnerships at the local level, with eligibility open to Area Agencies on Aging and other public or private community-based agencies. n4a also supports funding within FTA to establish a national technical assistance center to disseminate effective models and best practices related to transportation for older adults.

In an effort to gather more information on the transportation services offered by AAAs, n4a, with support of CTAA, will soon be conducting a survey of AAAs and Title VI Native American aging programs to obtain aggregate data on the types of transportation services they provide. Following the survey, n4a will issue of report focusing on the scope of and financing for AAA transportation services and how they coordinate with

other agencies and service providers. n4a looks forward to sharing this important new information with members of the aging network in the near future.

In conclusion, there is much that needs to be done to improve the availability and accessibility of transportation services to the growing older population. It is clear that transportation provides a vital link between the home and community, and is a key factor in the health and well being of older adults. n4a encourages Congress to seize the opportunity of the TEA-21 reauthorization to enhance the resources necessary to improve the safe mobility of older adults and encourage greater coordination among human service transportation programs on federal, state and local level. Thank you for the opportunity to participate in today's forum. I would be pleased to respond to any questions you may have.